



| | | | |
|--|--|------------------------|--------------|
| TRANSMITTAL FORM | | Application Number | 10/723166 |
| (to be used for all correspondence after initial filing) | | Filing Date | 11/26/2003 |
| | | First Named Inventor | Raghav Raman |
| | | Art Unit | 2671 |
| | | Examiner Name | Broome, Said |
| Total Number of Pages in This Submission | | Attorney Docket Number | S02-272/US |

| | | |
|---|--|--|
| ENCLOSURES (Check all that apply) | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other (Specified below) |
| | Other: _____ _____ _____ _____ | |

| | | | |
|---|--|---------------------|--------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| FIRM NAME | LUMEN INTELLECTUAL PROPERTY SERVICES, Inc. | | |
| SIGNATURE | | | |
| PRINTED NAME | Miriam R Kaplan | | |
| DATE | 2/6/06 | REGISTRATION NUMBER | 55,315 |

| | | | |
|--|------------|--|--|
| CERTIFICATE OF TRANSMISSION/MAILING | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below: | | | |
| SIGNATURE | | | |
| PRINTED NAME | Sylvia Lee | | |
| DATE | 2/6/06 | | |

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.